LAUGHLIN PAGE 09/13 DE ACTIVIENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 09/15/2014 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 IDENTIFICATION NUMBER: (X3) DATE SURVEY A, BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 B. WING NAME OF PROVIDER OR SUPPLIER 09/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 801 E MCKEE ST GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL, PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) NFPA 101 LIFE SAFETY CODE STANDARD K 051 NFPA 101 K 051 LIFE SAFETY CODE K 051 SS=D STANDARD A fire alarm system with approved components, devices or equipment is installed according to REQUIREMENT: A fire alarm system NFPA 72, National Fire Alarm Code, to provide with approved components, devices or effective warning of fire in any part of the building. equipment is installed according to NFPA Activation of the complete fire alarm system is by 72, National Fire Alarm Code, to provide manual fire alarm initiation, automatic detection or offective warning of fire in any part of the extinguishing system operation. Pull stations in building. Activation of the complete fire patient sleeping areas may be omitted provided alarm system is by manual fire alarm that manual pull stations are within 200 feet of initiation, automatic detection or nurse's stations. Pull stations are located in the extinguishing system operation. Pull path of egress. Electronic or written records of stations in patient sleeping areas may be tests are available. A reliable second source of omitted provided that manual pull stations power is provided. Fire alarm systems are are within 200 feet of nurse's stations. Pull maintained in accordance with NFPA 72 and stations are located in the path of egress. records of maintenance are kept readily available. Electronic or written records of tests are There is remote annunciation of the fire alarm available. A reliable second source of system to an approved central station. power is provided. Fire alarm systems are 9.6 maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 POC: 1. No residents were affected in this citation. The movement of smoke detectors 3 feet from supply/return This STANDARD is not met as evidenced by: registers will be complete by 10/17/14, Based on observation, it was determined that the 2. A walk thru in the facility was facility failed to have install the components of the conducted by the maintenance fire alarm in accordance with NFPA 72, National supervisor on 9/14/14 to make sure no Fire Alarm Code. other smoke detectors were within 3 feet of air flow from a supply or return The findings include: register, and other residents in the East and West Wing small dining rooms that 1. Observation on September 14, 2014 at 9:35 a.m. revealed the following locations have smoke could be affected were assessed and detectors located within 3 feet of air flow from a Continue to page 2 of 4

SORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that a safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discloseble 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 a following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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		T AND HUMAN SERVICES RE & MEDICAID SERVICES			PRINTED: 09/15/0
AND PLA	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(V2) 18 11 1		FORM APPROV OMB NO. 0938-0
			V W MOETIFUE CONSTRUCTION		(X3) DATE SURVEY
		1		NG 01 - MAIN BUILDING 01	COMPLETED
NAME (OF PROVIDER OR SUPPLIEF	445264	B. WING_		
	HLIN HEALTH CARE C			STREET ADDRESS, CITY, STATE, ZIP CODE	09/14/2014
	TENE PEALIH CARE C	ENTER		SUI E MCKEE ST	
(X4) (C PREFI)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			GREENEVILLE, TN 37743	
TAG			ID PREFIX	CROSS-REFERENCED TO THE APPROPRIATE	
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IZ 0.=				DEFICIENCY	PRIATE DATE
K 05	- Autonaco Molli Da	ige 1	14.65	Continued from page	1 of 4
•	Supply or return red	ietor:	K 05	'	ľ
	- L 역 - ID ID은 Corridor /	Nufeido of the st.		strobe lights are already in place	, to
	room.	outside of the main dining	1	ensure no other residents have the potential to be affected by this co	ie
	C. In the confider t			- Pacifity Will ensure that all finne	a 1
	Wing.			installations of smoke detectors a	175411
	NPFA 72 2-3.5.1*			meet the same criteria. A contrac	hat
	2. Observation on September 14, 2014 at 12:30 p.m. revealed the main dining room is not provided with at least 1 visible notification (strobe light).			company was contacted to install and strobes in the Dining room, o	homs
				strobe with sound, mounted in th	me
				(ceijing,	
	Table 4-4.4.1.1(a)	ł	j	4. Annual inspections by third party	
	These findings were verified and acknowledged by the maintenance supervisor during the exit conference on September 14, 2014. NFPA 101 LIFE SAFETY CODE STANDARD		!	contractors will monitor for proper installation of smoke detectors, ar	ਸ ਼
1				proper installation and working or	id d
K 062			ļ	strobe lights.	act of
SS=D			K 062	Octo	ber 17, 2014
	Required automatic s	Required automatic spainties		NEPA 101 K 062 LIFE SAFETY CO	
	continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			STANDARD	מוניטוי
				DECLUS TO THE	
				REQUIREMENT: Required automat sprinkler systems are continuously	ic
			1	maintained in reliable operating condition	
		·	ł	and are inspected and tested periodical:	
	This STANDAGE	.	Ì	19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7	.5
	Based on record rough	ot met as evidenced by:	j	POC:	
1	Based on record review, it was determined that the facility failed to maintain the automatic			1. No residents were affected by this	
7	sprinkler system.	Signification and automatic		chation.	
	Record review on September 14, 2014 at 10:10 a.m. revealed the antifreeze loop failed to have the freezing temperature correct for the front large through canopy and the loading dock.		1	2. Antifreeze Loop corrections for the	1
				HOME CANODY and loading doctors	
				slated to be complete on the week o	1
			1	would have the potential to be affect	ted
14				or old same demolett acadias	~
	:-3.4*, Table 2-3.4(a)	nd the loading dock.	'	A contracted company has been	1 1
	······································			contracted to add the antifreeze loop	1 1
M\$-2567((02-99) Previous Versiona Obso	leig		Continue to page 3 of 4	- 1 - 1
	,	Event ID: 627621	Facility (D: TN3003	

PAGE 11/13

PRINTED: 69/15/2014 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 NAME OF PROVIDER OR SUPPLIER B. WING 09/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 801 E MCKEE ST GREENEVILLE, TN 37743 (X4) IQ PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION ID. TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XS) COMPLETION TAG DATE DEFICIENCY) K 062 Continued From page 2 Continued from page 2 of 4 K 062 corrections for the front canopy and the This finding was verified and acknowledged by loading dock. the maintenance supervisor during the exit Annual inspections by third party conference on September 14, 2014. contractor will monitor for proper K 076 NFPA 101 LIFE SAFETY CODE STANDARD temperature and volume of antifreeze. \$S=D K 076 October 10, 2014 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards NFPA 101 K 076 LIFE SAFETY CODE for Health Care Facilities. STANDARD (a) Oxygen storage locations of greater than REQUIREMENT: Medical gas storage 3,000 cu.ft. are enclosed by a one-hour and administration areas are protected in accordance with NFPA 99, Standards for separation. Health Care Facilities. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 (a) Oxygen storage locations of greater 4.3.1.1.2, 19.3.2.4 than 3,000 cu. Ft. are enclosed by a onehour separation, (b) Locations for supply systems of greater than 3,000 cu. Ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: POC: Based on observation, it was determined that the No residents were affected by this facility failed to have oxygen storage separated by citation. at least 5 feet from combustibles. Oxygen will not be stored in clean utility room on East and West Wings so The findings include: residents will not have the potential to be affected by this citation. Observation on September 14, 2014 at 11:15 3. In-services will be given to instruct staff a.m. revealed the oxygen storage in the clean that clean utility rooms on East and utility room on the East and West Wing is not West Wings are not to be used for separated by at least 5 feet from combustibles. OXYGED STORAGE. The oxygen storage is stored directly by clean 4. DON, ADON, Wing Managers and/or linens and boxes of supplies. designees will monitor utility rooms to NFPA 99 8-3.1.11.2 assure no oxygen storage in rooms. This finding was verified and acknowledged by October 06, 2014 RM CMS-2567(02-99) Previous Versions Obsolote Event ID: 621621

PAGE 12/13

PRINTED: 09/15/2014

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION OMB NO, 0938-0391 A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 445264 B, WING STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 09/14/2014 801 E MCKEE ST GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETION TAG DATE DEFICIENCY) K 076 Continued From page 3 the maintenance supervisor during the exit K 076 conference on September 14, 2014. NFPA 101 LIFE SAFETY CODE STANDARD K 147 SS=E NFPA 101 K 147 LIFE SAFETY CODE K 147 Electrical wiring and equipment is in accordance STANDARD with NFPA 70, National Electrical Code, 9.1.2 REQUIREMENT: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and testing, it was POC: determined that the facility failed to have ground 1. No residents were affected by this fault current interrupters (GFCI) electrical outlets citation. installed at outdoor locations. GFCI breakers have been ordered for the courtyard so other residents will not The findings include: have the potential to be affected by this deficient practice. Observation and testing on September 14, 2014 3. All future outdoor outlets will be GFCI, at 10:50 a.m. revealed the courtyard electrical including outdoor areas other than the outlets are not provided with ground fault current courtyard. interrupters (GFCI) outlets. 4. The maintenance technician will NFPA 70 210-8 (a) 3 monitor to make sure all outdoor outlets are GFCI. This finding was verified and acknowledged by the maintenance supervisor during the exit October 10, 2014 conference on September 14, 2014. RM CMS-2567(02-99) Previous Versions Obsolate